



STATE OF WASHINGTON
DEPARTMENT OF AGRICULTURE
P.O. Box 42560 • Olympia, Washington 98504-2560 • (360) 902-1800

Reciprocal Pesticide Licensing Request

General Information

In order to obtain a reciprocal Washington State Department of Agriculture (WSDA) pesticide or structural pest inspector license, you must have passed exams **AND** hold a current license in a state that has comparable licensing and recertification requirements. Comparable requirements include closed book exams and [recertification credit totals](#) roughly similar to Washington's.

General Instructions

To be considered for a WSDA pesticide license based on a reciprocal license, follow these steps:

- Review the [Pesticide License Reciprocal Status chart](http://agr.wa.gov/pestfert/docs/reciprocallicensingchart.pdf) at <http://agr.wa.gov/pestfert/docs/reciprocallicensingchart.pdf> and determine whether or not the entity issuing your license has been recognized by WSDA as having comparable license and recertification standards.
 - **Option 1:** If the license you hold is from an entity already recognized by WSDA as having comparable standards **AND** your license is current, you may complete the bottom of this form and submit it along with the correct WSDA pesticide application at <http://agr.wa.gov/PestFert/LicensingEd/applicationforms.aspx>, a copy of your current pesticide license and the applicable fee.
 - **Option 2:** If the license you hold is from an entity **not** yet recognized by WSDA, complete the bottom of this form and submit it to WSDA along with a copy of your current pesticide license. **DO NOT** submit a license application form and fee until WSDA determines if it will reciprocate with this entity. If your request is granted, WSDA will forward you an application form.

Form Instructions

All individuals requesting a reciprocal license must:

- Complete the requested information below.
- Attach a copy of your current license that you would like reviewed for reciprocation.
- Sign the form verifying that you obtained the attached license by testing in the state that issued the license. ***Providing a false statement will result in denial of this and possibly future applications.***
- Return the completed form and, for Option 1 applicants only, the license application and fee, to: WSDA's Hugh Watson by fax (360.902.2093), email [hwatson@agr.wa.gov] or mail (WSDA, PO Box 42589, Olympia, WA 98504-2589).

Applicant Information

Name: _____

Address: _____

Telephone: _____

- I am attaching a copy of a current license from (list state): _____
- I verify that I obtained the attached license by passing exams in the state that issued the license.

Your signature

Option 2 only: If my request for a reciprocal license is granted, forward an application to me via:

- ☐ Postal mail
- ☐ Email at this address: _____
- ☐ Fax at this number: _____